

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC INFORMATION  
DIVISION

2016 SEP 19 AM 10:13

Committee Name:

Committee for Working Families, Sponsored by the California Labor Federation, AFL-CIO

If registered, FEC ID:

Today's Date:

9/8/16

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Treasurer's Name:

Art Pulaski

, Treasurer

*Handwritten initials*  
a.  
maw

RECEIVED  
FEC MAIL CENTER  
2016 SEP 19 AM 10:02  
Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name  
is changed)

**Example:** If typing, type over the lines.

12FE4M5

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

**ADDRESS** (number and street)

555, Capitol Mall, Suite 1425,



◀ (Check if address is changed)

Sacramento

CITY ▲

CA

STATE ▲

195814

ZIP CODE ▲

**COMMITTEE'S E-MAIL ADDRESS**



◀ (Check if address is changed)

info@qlsponhagel.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



◀ (Check if address is changed)

2. DATE

09

08

3. **FEC IDENTIFICATION NUMBER** ►

C

4. IS THIS STATEMENT

X

NEW (N)

**OR**



**AMENDED (A)**

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Art Pulaski

**Signature of Treasurer**

Date \_\_\_\_\_

0.9

1.4

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

**For further information contact:**  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY STATE ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Lance H. Olson

Mailing Address

555 Capitol Mall, Suite 1425

Sacramento

CA

95814

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

916

442

2952

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Art Pulaski

Mailing Address

600 Grand Avenue, Suite 410

Oakland

CA

946103561

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

510

663

4000

Full Name of  
Designated  
Agent

None

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

400 Capitol Mall

Sacramento

CA

95814

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

**Extremely Urgent**

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Note: Express containing sensitive or cash equivalent

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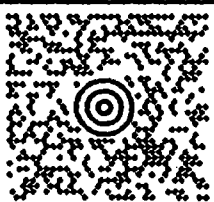
LINDA J. MATHER  
916-442-2952  
OLSON HAGEL & FISHBURN LLP  
555 CAPITOL MALL  
SACRAMENTO CA 95814

0.0 LBS LTR

1 OF 1

**SHIP TO:**

FEDERAL ELECTION COMMISSION  
916/442-2952  
999 E. STREET NW  
WASHINGTON DC 20463-0001



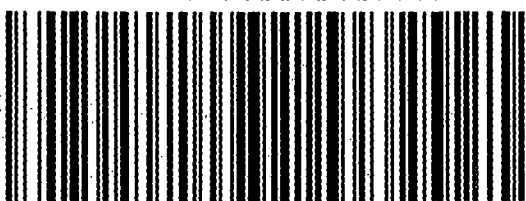
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